

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		412	2/9/01
FORMALITY REVIEW	BZ	897	03-19-01
RESPONSE FORMALITY REVIEW	MO	Jarr	06/20/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/14/02
2	✓	✓	1/14/02
3	✓	✓	1/14/02
4	✓	✓	1/14/02
5	✓	✓	1/14/02
6	✓	✓	1/14/02
7	✓	✓	1/14/02
8	✓	✓	1/14/02
9	✓	✓	1/14/02
10	✓	✓	1/14/02
11	✓	✓	1/14/02
12	✓	✓	1/14/02
13	✓	✓	1/14/02
14	✓	✓	1/14/02
15	✓	✓	1/14/02
16	✓	✓	1/14/02
17	✓	✓	1/14/02
18	✓	✓	1/14/02
19	✓	✓	1/14/02
20	✓	✓	1/14/02
21	✓	✓	1/14/02
22	✓	✓	1/14/02
23	✓	✓	1/14/02
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25	✓	✓	1/14/02
26	✓	✓	1/14/02
27	✓	✓	1/14/02
28	✓	✓	1/14/02
29	✓	✓	1/14/02
30	✓	✓	1/14/02
31	✓	✓	1/14/02
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44	✓	✓	1/14/02
45	✓	✓	1/14/02
46	✓	✓	1/14/02
47	✓	✓	1/14/02
48	✓	✓	1/14/02
49	✓	✓	1/14/02
50	✓	✓	1/14/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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